

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING DIVISION

LICENSURE PREPARATION PROGRAM LICENSED CLINICAL SOCIAL WORKER CLINICAL EXAMINATION

The Workforce Education and Training (WET) Division has a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA), WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

AATBS LCSW CLINICAL COMBO PACKAGE INCLUDES:

- Four Comprehensive Study Volumes
- 1 Orientation & Strategies Volume
- TestMASTER Full length online practice exams with 4 months access time
- 3 Exam Readiness Online Digital Lectures
- Expert Phone Consultation one on one assistance available with exam experts
- *Live 1-Day Workshop 7 hours of instruction covering exam content and strategies

MHSA WET Participant Price: \$50 (Retail Value: \$525)

Visit <u>www.aatbs.com</u> for more details about the package.

LCSW Clinical Workshop Date and Location

Date: Saturday, May 21, 2016 **Time:** 9:00 am – 5:00 pm

Location: Sheraton Gateway LAX, 6101 West Century Blvd., Los Angeles 90045

APPLICATION DEADLINE: Wednesday, May 18, 2016, or when slots are filled. Space is limited.

Attendance to the Live 1-Day Workshop is MANDATORY for all MHSA-WET Participants

ELIGIBILITY:

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION
- Currently providing a minimum of 65% of their time in <u>direct clinical services</u> in public mental health
- Has NOT previously participated in the MHSA WET-funded LPP for the LCSW Clinical (Vignette) Examination; this package is available one time per individual

PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the LCSW Clinical Vignette Examination

INSTRUCTIONS:

- 1. **Scroll down** for the application form, which must be completed, scanned and emailed to jkim@dmh.lacounty.gov along with documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.
- 2. Applications will be accepted until Wednesday, May 18, 2016, or when capacity is reached.
- 3. An e-mail confirming receipt of application will be sent to all applicants.
- 4. Upon approval, participants will be given a phone number to register and pay the non-refundable fee of \$50 by VISA. MasterCard or American Express to AATBS.
- 5. AATBS will register participants for the requested workshop and mail the study package to the address provided on the application when payment is received.



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING (WET) DIVISION

LICENSED CLINICAL SOCIAL WORKER CLINICAL EXAMINATION

Print or Type Only	
TITLE: LPP LCSW Clinical Examination	DATE(S): Saturday, May 21, 2016
FIRST NAME:	LAST NAME:
JOB TITLE: DISCIPLINE: (optional)	
AGENCY:	PROGRAM:
MAILING ADDRESS FOR STUDY PACKAGE:	
CITY:	STATE: ZIP:
PHONE #: E-MAIL: (required for information)	
LANGUAGE(S) FLUENCY: (other than English)	
Service area of employment: 1 \square 2 \square	3
Have you previously taken the LCSW Clinical (Vignette) Examination? Yes □ No □	
Is your license-waivered agreement with your emp	oloyer expiring within 12 months? Yes □ No □
Name of Applicant (Print) • Currently in good standing with his/her employer with no disciplinary action in the last 12 months; • Successfully completed the required supervision hours; • Has been approved by the board to take the LCSW Clinical (Vignette) Examination. • Currently provides a minimum of 65% of his/her time in direct clinical services in the public mental health system; and • Has not previously participated in the MHSA WET-funded LPP LCSW Clinical (Vignette) Exam	
Supervisor's Name Supervisor's	Signature Date
Supervisor's Phone Number Supervisor's	E-mail
Agrees to the following terms and conditions: • Attend the mandatory workshop and participate in all offerings of the program. • The mandatory workshop is to be taken on his/her own time. • Provide the WET Division with exam results and employment/promotional status information. □ I have attached documentation indicating board approval to sit for the LCSW Clinical (Vignette) Exam.	
Applicant's Signature	Date

The WET Division will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$50 by VISA, MasterCard or American Express.

Return Application to: Jae Kim, LCSW, WET Training Coordinator

Fax: (213) 252-8776 (No cover sheet necessary)

E-mail: jkim@dmh.lacounty.gov